

Title: On the Right Track for a Right Start: Perinatal Fast Track Intervention

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Topical Issues of Focus: Successful collaborations between programs to prevent perinatal HIV, use of surveillance data to guide perinatal HIV prevention

Background/Objectives

The rates of perinatal HIV transmission have steadily declined in Louisiana due to the introduction of antiretroviral therapy in prenatal care, during labor and delivery, and within 24 hours of birth. Although these rates are encouraging, it is the goal of the State of Louisiana to continue to reduce and eventually eliminate this mode of acquisition. One activity toward elimination has been the development of the Perinatal Fast Track System. Derived from the CDC's partner notification mandate, the objective of this innovative program is to quickly identify HIV positive pregnant women who may not be receiving medical care and supportive services and introduce them into care. This objective is accomplished through collaborative efforts between the Surveillance, Prevention and Services staff, and the STD Partner Counseling and Referral Program.

Methods

Pregnant HIV-infected women are identified through Case Management, Counseling and Testing Services, or reports from Field Epidemiologists. An HIV- positive pregnant woman is immediately reported to the Perinatal Surveillance Coordinator. Surveillance and Services databases are thoroughly searched for the woman's medical history and prenatal care information. If the woman is found to be receiving prenatal care, her obstetrical information is noted and the "Fast Track" case is closed. However, if the woman is not receiving case management services and/or prenatal care, her case is sent to a Disease Intervention Specialist (DIS) within 24 hours. DIS contacts the woman and obtains her EDC, date of last medical service, and location of last medical service. She will then be provided referrals for additional medical and supportive services. If there has been no response from DIS within 48 hours of a case being sent out, the Perinatal Surveillance Coordinator follows up to ensure that a thorough investigation has been launched.

Results

Since its inception in October 2002, 24 women have been reported statewide and processed through the Perinatal Fast Track System. Of those 24, 6 were reported by Case Management, 17 through Counseling and Testing Services, and one from a Field Epidemiologist. Fifteen cases were referred to a DIS because the women were found to

be receiving prenatal medical care; however, nine cases were sent out to DIS for further investigation. DIS follow-up concluded that private physicians were treating two of the women, two were being seen at public hospitals, and one was in the process of getting into OB care. DIS could not locate one woman in the hospital's medical record system and had little cooperation with the prison system where another woman was incarcerated. Surveillance is still awaiting follow-up from DIS on two recently dispatched cases.

Conclusion

Although this program is in its early stages, it has already shown promising implications for helping to ensure that HIV positive pregnant women have the best opportunity possible for delivering infants who do not become HIV infected. It also displays the effectiveness of several different agencies working toward a common goal. Further studies to analyze the impact of the Fast Track system on prenatal care, AZT use during pregnancy, and the infection status of newborns infants are suggested for the future.